Complete and send this form, together was applicable fee(s), to: Mail

10-13-05 Mail Stop ISS FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

EXPRESS MAIL NO. EV670649920US

(571) 273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further cor indicated unless corrected t maintenance fee notification	below or directed otherwise	Patent, advance ord in Block 1, by (a)	lers and notificates specifying a new	ation of maintenance fees of the correspondence address	will be mailed to the curre s; and/or (b) indicating a so	nt correspondence address as eparate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  25096 7590 07/13/2005				papers. Each addition	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
					•		
PERKINS COIE PATENT-SEA P.O. BOX 1247 SEATTLE, WA 98			Certificate of Mailing or Transmission EXPYESS  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
_	00015 10620326				Reisman	(Depositor's name)	
- FP-1EA1	4400 00 00			7-7-	war Ro	(Signature)	
FC:1501   FC:8001   FC:1504	1400.00 OP 6.00 OP 300.00 OP			Octobe	1 = 2		
APPLICATION NO.	FILING DATE	F	IRST NAMED IN	IVENTOR	ATTORNEY DOCKET NO	POP RMATION NO.	
10/620,326	07/14/2003		Daniel J. Wo	odruff	29195-8221U81	2035	
	ND-EFFECTORS AND TR		···		PARTED OC	T 1 2 2005	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUB	PADEMARDATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	10/13/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
UNDERWOOD, DONALD W		3652		414-744500		•	
<ol> <li>Change of correspondence address or indication of "Fee Address" (CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (p	rint or type)			
PLEASE NOTE: Unless		low, no assignee d	lata will appear	on the patent. If an assig	nce is identified below, the	e document has been filed for	
(A) NAME OF ASSIGN	EE	(B)	RESIDENCE:	(CITY and STATE OR CO	OUNTRY)		
Semitool, Inc.			Kalispell, Montana				
Please check the appropriate	assignce category or category	ries (will not be pri	nted on the pate	nt): 🔲 Individual 🔼 C	Corporation or other private	group entity Government	
4a. The following fee(s) are	enclosed:		Payment of Fee	` '			
Issue Fee			A check in the amount of the fee(s) is enclosed.				
<del></del>	mall entity discount permitte		Payment by credit card. Form PTO-2038 is attached. any additional The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to				
Advance Order - # of	Copies 2		The Directo Deposit Account	r is hereby authorized by at Number <u>50-066</u>	charge <del>the required fee(s),</del> 5 (enclose an extr	or credit any overpayment, to a copy of this form).	
	(from status indicated above MALL ENTITY status. See 3	)			ALL ENTITY status. See 37		
						ication identified above. r the assignee or other party in	
Authorized Signature	PIRA			Date O	ctober 12	, 2005	
Typed or printed name			·		n No. 38,264		
This collection of information application. Confidentialiculariting the completed aphis form and/or suggestions 30x 1450, Alexandria, Virgi	n is required by 37 CFR 1.3 ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, sh nia 22313-1450. DO NOT	11. The information 122 and 37 CFR 1 O. Time will vary ould be sent to the SEND FEES OR C	is required to constant to con	obtain or retain a benefit by tion is estimated to take 12 the individual case. Any co on Officer, U.S. Patent and ORMS TO THIS ADDRES	the public which is to file (minutes to complete, inclusionments on the amount of Trademark Office, U.S. D.S. SEND TO: Commission	and by the USPTO to process) ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.